ANNUAL SUMMARY OF PLAN CHANGES

IMPORTANT NOTICE

This Annual Summary of Changes highlights important updates to your employee benefit plan for the 2026 plan year and also serves as a Summary of Material Modifications (SMM). Please keep this document with your Summary Plan Description (SPD), as it modifies those terms.

Please read this notice carefully and retain it for your records.

Changes Across All Plans (Gravie Comfort, ComfortFit, Copay, HSA, HDHP, and Essential)

1. New Pharmacy Benefit Manager (PBM) and Related Programs

Effective January 1, 2026, the following changes will be made to your pharmacy benefits:

- **New Pharmacy Benefits Manager (PBM):** Express Scripts®, Evernorth's pharmacy benefit services business, will be the new PBM, replacing CVS Caremark.
    - **Utilization Management (UM) Changes:** Please be aware that the Utilization Management (UM) criteria (such as Prior Authorization requirements) for your medications and supplies may be updated under the new PBM.
    - **New Contact for Authorizations:** Effective January 1, 2026, any requests for Prior Authorizations or Appeals related to your prescription drug benefit will be directed to and managed by Express Scripts.
- **New Specialty Pharmacy Program:** Accredo Specialty Pharmacy will replace CVS Specialty Pharmacy. Accredo will manage medications used to treat complex or chronic health conditions, such as cancer, multiple sclerosis, rheumatoid arthritis, and rare diseases.
- **New Co-pay Assistance Program:** Save On SP, LLC (SaveOnSP) will replace CVS Caremark's PrudentRx co-pay assistance program. Under this co-pay assistance benefit, certain specialty prescription drugs have been classified as non-essential health benefits (NEHBs). For a list of these specialty prescription drugs, please contact Express Scripts at 1-877-608-0355. This list will change from time to time. If your provider prescribes you a SaveOnSP-eligible drug, SaveOnSP will contact you to participate in the co-pay assistance benefit. Once you enroll in the available manufacturer co-pay

assistance program and provide SaveOnSP with consent to monitor your pharmacy account, your cost will be $0. Some drugs previously covered under the PrudentRx program will no longer qualify for co-pay assistance under SaveOnSP. For a list of the specialty drugs eligible for SaveOnSP, please contact Express Scripts at 1-877-608-0355.

In the event you fail to enroll in the applicable manufacturer co-pay assistance program, and/or you do not provide consent to SaveOnSP to monitor your pharmacy account, you will be responsible for the full required coinsurance (30%) for the NEHB drugs even after your out-of-pocket maximum has been satisfied.

Co-insurance paid for these medications (either paid by you or by the manufacturer co-pay assistance program) will not apply to your out-of-pocket maximum. Additionally, as a result of the NEHB classification, the co-insurance will continue even after you've met your plan's out-of-pocket maximum.

- **New Mail Order Program:** A new mail order program, Smart90, will be in effect on January 1, 2026. This program will require a single, upfront payment for a 90-day supply of your prescription, which will be equivalent to two co-pays. This replaces the current system of paying three separate copays for a 90-day supply.

2. Changes to Formulary and Prescription Drug Coverage

Prescription Drug and Pharmacy Coverage Changes for 2026

Effective January 1, 2026, there will be several updates to your prescription drug coverage. Please review these changes carefully.

- **New Formulary and Prescription Drug Information:** The change in PBM will mean there is a new prescription drug formulary (the list of drugs covered through the pharmacy benefit).

  For the most accurate and up-to-date information regarding your drug coverage, please visit the following link to review the current formulary: https://www.express-scripts.com/gravie.

- **New Formulary Tiers and Cost-Sharing:** Our prescription drug formulary will be updated to include a fourth tier, and the cost-sharing for Tier 3 will change for some products.

  Tier 3 ("Preferred Brand"):
  For Comfort, ComfortFit, and Copay plans, the cost for Tier 3 prescription drugs will be a fixed **$100 co-pay** until the out-of-pocket maximum (OOPM) is satisfied.

New Tier 4 ("Non-Formulary"):
A new Tier 4 is being added for drugs that are not on the formulary but have been approved for coverage through an exception. Members will be responsible for **100% of the cost** of these drugs until the annual OOPM is met.

- **GLP-1 Drugs**: GLP-1 medications will no longer be covered at $0 for Type 2 Diabetes. Instead, they will be subject to the cost-sharing of their assigned formulary tier based on your selected Gravie health plan.

- **Preventive Drug List**: The plan's $0 Drug List will be updated to align with Express Scripts' list of identified preventive drugs. Prescription drugs on this list will be covered at 100%. However, some drugs previously covered at 100% that are not on Express Scripts' preventive list may now be subject to the cost-sharing of their assigned formulary tier based on your selected Gravie health plan. You may request a list of these drugs from Express Scripts by calling 1-877-608-0355.

- **Continuous Glucose Monitors, Diabetic Test Strips, and Glucose Meters:** Coverage for these supplies is moving from your medical benefit to your prescription drug benefit.Your cost-share for these supplies will remain $0 (zero dollars).
    - After January 1, 2026, you must obtain these supplies at a participating pharmacy.
    - These supplies will no longer be covered if obtained from a doctor's office or a DME supplier.
    - To ensure a $0 copayment, supplies obtained must be preferred products under the prescription drug benefit.

3. Mandatory Site of Care for Injection/Infusion Therapy

Effective January 1, 2026, the prior authorization process for injection and infusion therapy will include a review of the site of care. If a hospital setting is not medically necessary, prior authorization may be denied in favor of a more cost-effective site, such as a doctor's office or home.

4. New Preventive Care Requirements under the Affordable Care Act (ACA)

Beginning January 1, 2026, your Gravie health plan will cover two new preventive care services at no cost to you. These changes are driven by the preventive services requirements of the Affordable Care Act (ACA), which are updated periodically.

- **Breast MRI and Other Imaging:** The health plan will now cover, with no cost-sharing, any additional imaging (such as an MRI or ultrasound) and pathology evaluations that are necessary to complete a breast cancer screening process. This is in addition to the standard screening mammogram.

- **Intimate Partner Violence Screening:** The health plan will cover, without cost-sharing, an annual screening for intimate partner and domestic violence for adolescent and adult women, as well as providing or referring for initial intervention services.

Product-Specific Changes

1. Emergency Room Copay

Product(s) Impacted: Gravie Comfort and Gravie ComfortFit

Your ER copay is the fixed, upfront dollar amount you pay out of your own pocket each time you visit the Emergency Room before your out-of-pocket maximum is satisfied. This payment is typically due at the time of service, regardless of the total cost of your ER visit, and it's your share of the cost for that specific service.

Coverage Prior to January 1, 2026

Emergency Department Co-payment:
- Gravie Comfort: $250
- Gravie ComfortFit: $750

New Coverage (Effective January 1, 2026)

Emergency Department Co-payment:
- Gravie Comfort: $500
- Gravie ComfortFit: $950

2. Labs, Imaging, and Other Diagnostic Tests - Office Visit

Product(s) Impacted: Gravie ComfortFit

Coverage Prior to January 1, 2026

For in-office labs and in-office basic and advanced imaging, you paid nothing for the first $500 of services received during an office visit. After that initial $500, you paid 100% of the remaining charges until your annual deductible or out-of-pocket maximum (OOPM) was met.

New Coverage (Effective January 1, 2026)

- **In-Office Labs and Basic Imaging** (e.g., bloodwork, x-rays, ultrasounds): These services are now covered at 100% in an office setting, meaning you won't pay anything out-of-pocket for them, even before meeting your deductible and/or OOPM.

- **Advanced Imaging** (MRIs, CT Scans, and PET Scans) and **other Diagnostic Tests**: These services are now subject to the deductible, regardless of whether they are received in an office or outpatient hospital/facility setting. This means you will pay the full cost of these advanced imaging services until you reach your deductible or OOPM (whichever comes first) for the year.